Potential and weaknesses of the commission intermanagers of a health region

ABSTRACT

Objective: to analyze the potential and weaknesses of the Commission Intermanagers Regional (CIR) in a health region based in Caico (Rio Grande do Norte). Method: an exploratory, descriptive study of a qualitative approach. The research will take place at the 4th Region of Health headquartered in the city of Caico (RN). Data collection will be conducted with a semistructured form. The data will be transcribed in full and analyzed by Content Analysis Technique in the form of Thematic Analysis. The research project was approved by the Ethics Committee in Research, CAAE nº 04273712.3.0000.5294. Expected results: it is expected that with the execution of work the managers can glimpse through another point of view, the possible potentials and weaknesses present within the Commission Intermanagers Regional. Descriptors: Public Health; Health Management; Commission Intermanagers.

RESUMO

Objetivo: analisar as potencialidades e fragilidades da Comissão Intergestores Regional (CIR) em uma região de saúde sediada em Caicó (RN). Método: estudo exploratório, descritivo de abordagem qualitativa. A pesquisa realizar-se-á junto a IV Região de Saúde sediada no município de Caicó (RN). A coleta de dados será realizada com um formulário semiestruturado. Os dados serão transcritos na íntegra e analisados pela Técnica de Análise de Conteúdo na modalidade de Análise Temática. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE nº 04273712.3.0000.5294. Resultados esperados: espera-se que com a execução do trabalho os gestores possam vislumbrar por meio de outra visão as possíveis potencialidades e as fragilidades presentes no âmbito da Comissão Intergestores Regional. Descriptores: Saúde Pública; Gestão em Saúde; Comissão Intergestores.

RESUMEN

Objetivo: analizar el potencial y las debilidades de la Comisión Intergestores Regional (CIR) en una región de salud en Caicó (Rio Grande do Norte). Método: un estudio exploratorio y descriptivo con enfoque cualitativo. La investigación se llevará a cabo en la Región IV de Salud con sede en la ciudad de Caicó (RN). La recolección de datos se llevó a cabo con una forma semi-estructurada. Los datos serán transcritos en su totalidad y analizados por la Técnica de Análisis de Contenido en la forma de Análisis Temático. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, CAAE No. 04273712.3.0000.5294. Resultados esperados: se espera que con la implementación de los gestores de trabajo pueda vislumbrar a través de otra visión, las posibles fortalezas y debilidades presentes en la Comisión Intergestores Regional. Descriptores: Salud Pública; Gestión de la Salud; Comisión Intergestores.
INTRODUCTION

The strategy of decentralization of health adopted in the first decade of implementation of the Unified Health System (SUS) provided numerous advances with the merger of the municipalities, the responsibility for the provision of services in their territories. However, they remain, at present, problems of inequity in the provision and access, the intense fragmentation and disorganization of NHS services. This is due largely to the fact that many of the health problems cut across administrative and governance of municipal, requiring the consolidation of regional health systems.1

Although incorporated jointly operational guidelines of the SUS, the concepts of decentralization and regionalization did not operate necessarily in ways converging over time. Treated antagonistically or taking regionalization as an instrument of decentralization, the tension between both guidelines was pronounced.2

Regionalization, later came add greater accountability of state bodies, whose role has been overlooked or insufficiently defined framework of the SUS by the end of the decade of 2000.3 Although in the guidelines of the Unified Health System (SUS), regionalization is enhanced when the issue of the Operational Health Care (NOAS) and, more acutely, after the publication of the Health Pact in 2006, regulated by GM / MS 493/2006, is conceived as a strategy for integration of municipal (establishment of regional systems), increasing access and reducing inequity and health, and the monitoring of actions to improve performance and primary care services offered population.4-5

The Regional Management Board (CGR), new element created by the pact, appears as instances of co-management of the regional areas defined in the master plan of regionalization (PDR). Representation formed by the state (the central or regional representation structures of Secretaries of State for Health) and the group of municipalities of the regions can be considered an innovation in health policy to create a permanent channel for negotiation and decision intergovernmental with rules defined and stable operation, making it possible to fill what we call “empty” governance regional.6

From the Decree 7508 of 28 June 2011 regulating the law 8080 of September 19, 1990 to provide for the organization of the Unified Health System - SUS are appointed management devices from the conformations of health regions. The college thus replaces itself Commission Inter-manager Regional (CIR).

The collegiate management, at all levels of the organization and in all healthcare organizations, has been adopted as the axis of management processes considered innovative or alternative to the “hegemonic managerial model” at least since the late 1980s, the construction of the Unified Health System (SUS) in our country.7

The interest in the area came to the fascination in studying more comprehensively managing public health study in specific CIR came from the need to know while analyzing the activities performed by them, to know what actions are developed try the possibility for it to investigate the strengths and weaknesses addressed in the Commission.

It is notoriously difficult to establish permanent dialogue between inter-federative managers and build collegiate where disputes are to meet the needs of the population, unlike partisan tensions in the countryside, where the projects are made with fragility to meet electoral clientele.

Expected to identify the conceptions of managers on the CIR and the results may justify the importance of the spaces of CIR, contributing to the regionalization in health.

OBJECTIVES

• To analyze the strengths and weaknesses of the CIR in a health region based in Caico - Rio Grande do Norte, Brazil.
• To understand the activities of the committee and its actions developed.
• To investigate the difficulties to develop health actions.

METHOD

• Characterization of the Study
This study is exploratory and descriptive qualitative approach. Qualitative research is used to generate hypotheses and identify variables that can be included in the survey,8 emphasizes the particularities of a phenomenon and its significance for the research group.9 10

In descriptive events are observed, recorded, analyzed, classified and interpreted, without interference of the researcher, this means that the human and physical phenomena are analyzed, but not manipulated by the researcher. Its main goal is the description of certain populations or phenomena, and establishing relationships between variables.11
• Local
The research will take place at the Health Region IV headquarters in the city of Caico (RN), where managers do meetings. The Health Region IV comprises 25 municipalities, having the same total population of 297,434,000 inhabitants.

• Population
The research will be conducted with 29 managers who make up the Committee of the Fourth Inter Region of which 25 are medical secretaries and four representatives of the State Secretary of Health of Rio Grande do Norte. Will be part of the study all managers who themselves willing to participate in the study, with the same need to sign the consent form for your startup, so that research has feasibility of implementation it is necessary a minimum of 20% of managers favorable to its realization, these managers were to be in the moment of data collection at the meeting of the IRB, the research turn will only be held after the end of the meeting not to harm the procedures of the same.

• Data Collection Instrument
The instrument for data collection to be used constitutes a form of semi-structured interview, with objective and subjective questions, which provide data for the purpose of research. The purpose of data collection is to gather data relevant to the problem being investigated. Data collection will always occur at the end of the meetings of the CIR; it will take several monthly meetings in order to be contemplating the number of managers; it should occur as a guarantee of a secretive environment so that they can respond to interview. To run the interview the manager must sign the Statement of Consent Form (ICF). The research will comply with all recommendations arising from the Resolution 196/96 of the National Health Council (CNS), referring to studies involving human subjects, taking into account the privacy and rights of the respondent, who participated of their own free will, which may come to quit at any time or even have access to all content of this work.

The signing of the Consent Enlightened by subject precede the application of the survey instrument, all being informed about the purpose and procedures of the research, emphasizing the voluntariness of their participation and ensuring their anonymity.

REFERENCES
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